

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/21/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/25/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	1364	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	217	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	1906	1912	6
		8599	188	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN DS LME	8534	139	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		191	71	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	423	12387	11964
		11	54	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404910	PATHWAYS	79	51	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	21	140	3378	2866
		8933	15	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8935	5	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	5	19	2032	2013
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	1074	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	301	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1579	3385	1806
		8535	153	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404916	CROSSROADS BEHA VIORAL HEAL	21	303	DUPLICATE OF CLAIM-SYSTEM				
		79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	333	1173	840
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	8505	512	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	320	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1101	2754	1653
		8599	109	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	51	459	408
		5404	3	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL L AREA MH D	8505	304	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	568	3459	2891
		21	75	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	5312	1459	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	636	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	3294	4619	1325
		21	406	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	6330	DUPLICATE OF CLAIM-SYSTEM				
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	6552	8537	1985
		8537	29	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404923	FIVE COUNTY MH	11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	40	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	200	3914	3714
		8329	31	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	661	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	494	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	197	2354	6384	4030
		8800	410	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	166	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	52	SERVICE REQUIRES PRIOR APPROVA L	4	343	1752	1409
		8518	52	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	203	453	250
		5404	23	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	26	44	18
3404931	WAKE CO HUM SVC BILLING OF	21	532	DUPLICATE OF CLAIM-SYSTEM				
		8599	346	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	92	1619	13539	11920
		191	101	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	535	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	146	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	722	992	270
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow CARTERET BEHAV HEAL	8535	244	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		11	197	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	588	2047	1459
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	6	413	407
		8518	1	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404937	EDGEcombe NASH MNTL HLTH C	21	11	DUPLICATE OF CLAIM-SYSTEM				
		8518	9	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	23	1314	1291
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8654	33	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		21	6	DUPLICATE OF CLAIM-SYSTEM	0	45	234	189
		11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	21	27	DUPLICATE OF CLAIM-SYSTEM				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	81	1135	1054
		7001	11	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	ROANOKE CHOWANH UMAN SERVIC	8518	20	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	44	675	631
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	21	599	DUPLICATE OF CLAIM-SYSTEM				
		8654	56	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	3	719	1444	725
		120	12	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404944	EASTPOINTE HUMA N SERVICES	8599	280	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	9	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	2	322	5604	5282
		8952	7	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	1060	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	92	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1243	1607	364
		8537	21	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404957	TIDELAND MENTAL HEALTH CTR	8505	346	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	258	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	40	698	914	216
		8932	34	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPAS.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	8505	638	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8654	5	ONLY 16 UNITS ALLOWED PER DAY	0	649	2673	2024
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		8564	5	SERVICE EXCEEDS THE ALLOWABLE				
				OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				